CALIFORNIA
Water Boards

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SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

January 29, 2015

Certified Mail
7012 3460 0003 1113 0857
Return Receipt

R.R. Lewis Small Water Company
4500 E. Fremont Street
Stockton, CA 95215

Attention: Larry Ostrom – Manager

Subject: Public Water System No. 4600017
Amendment No. 1 to Citation 01-02-14(C)006

Enclosed is Amendment No. 1 to Citation 01-02-14(C)006, issued to the R.R. Lewis Small Water Company (Company). The amendment is being issued because the Company failed to comply with the directives of the original citation, which was issued for violation of the drinking water standard for total coliform bacteria during March 2014 and August 2014.

Please be aware that the amended directives of this citation contain actions that must be taken by the Company to return to compliance. If these actions are not taken by the dates stipulated in the directives, the State Water Resources Control Board may assess separate penalties of up to $1,000 per day per directive, in accordance with Section 116650 of the California Health and Safety Code.

If you have any questions regarding this matter, please call staff engineer Steve Watson at (530) 224-4828 or me at (530) 224-4800.

Michael J. McNamara, P.E.
Lassen District Engineer
Drinking Water Field Operations Branch

cc: Bruce Burton, Assistant Deputy Director, Northern California Drinking Water Field Operations
Richard Hinrichs, Chief, Northern California Section
Rami Kahlon, California Public Utilities Commission

Enclosure

sww \ 4600017 RR Lewis SWC \ File: Enforcement

STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD

DIVISION OF DRINKING WATER

R.R. Lewis Small Water Company

Public Water System No.: 4600017

TO: Larry Ostrom, Manager

4500 E. Fremont Street

Stockton, CA 95215

AMENDMENT NO. 1 TO CITATION NO. 01-02-14(C)006

DATED OCTOBER 17, 2014,

Section 116650 of the California Health and Safety Code authorizes the issuance of a citation to a public water system for violation of Health and Safety Code, Division 104, Part 12, Chapter 4 ("California Safe Drinking Water Act"), or any regulation, standard, permit or order issued or adopted thereunder.

The State Water Resources Control Board ("Board"), acting by and through its Division of Drinking Water ("Division") and the Deputy Director for the Division ("Deputy Director"), hereby issues to the R.R. Lewis Small Water Company ("Company") this Amendment One to Citation No. 01-02-14(C)006 ("Citation"), which was entitled "CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64533(a) [sic]", and was issued on October 17, 2014.

This Amendment One to Citation No. 01-02-14(C)006 amends and supplements Citation No. 01-02-14(C)006 as follows:

A) The title of the Citation is amended to correct an error in the identification of the section of the regulation that was violated to read in relevant part:

> "CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1, SUBSECTION (b)"

B) The title of the section entitled "Determination" is amended to read "Determinations" and the following is added as a final paragraph to the section entitled "Determinations" to read:

> "As of the date of Amendment One to this Citation, the Division has determined that the Company failed to comply with, and has continued to fail to comply with, Directives 2, 3, and 4 of Citation No. 01-02-14(C)006."

C) Directive 2 of the Citation is deleted and replaced with the following Directive 2:

> "2. By no later than February 28, 2015, notify all persons served by the Company of the MCL violations as required by Section 64463.4 and Section 64465, Title 22, of the CCR. Notification shall be completed in accordance with each of the following:

a. Mail or direct delivery of the notice contained in Attachment 'A' to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the Company.

b. Provide the notice contained in Attachment 'A' by publication in a local newspaper to reach persons not likely to be reached by a mailing or direct delivery.

Changes and/or modifications to Attachment 'A' shall be not be made unless approved by the Division."

D) Directive 3 of the Citation is deleted and replaced with the following Directive 3:

"3. By no later than March 10, 2015, complete and return Attachment 'B' "Certification of Completion of Public Notification" form. A copy of the notice used to provide public notification shall be attached to the form."

E) Directive 4 of the Citation is deleted and replaced with the following Directive 4:

"4. By no later than February 28, 2015, the Company shall submit to the Division a Bacteriological Sample Siting Plan in accordance with Section 64422, Title 22, of the CCR. The Bacteriological Sample Siting Plan requirement shall be met by accurately completing and submitting Attachment 'C' in accordance with the

instructions contained in Attachment 'C'. All bacteriological samples must be collected in accordance with the Bacteriological Sample Siting Plan once it has been approved by the Division."

Except as amended herein, all other terms of Citation No. 01-02-14(C)006 shall remain in effect.

1/29/2015
Date

Michael J. McNamara, P.E.
Lassen District Engineer
Division of Drinking Water
State Water Resources Control Board

Attachments:
'A' Public Notification Template
'B' Certification of Completion
'C' Bacteriological Sample Siting Plan Form and Instructions

CERTIFIED MAIL 7012 3460 0003 1113 0857

cc: Bruce Burton, Assistant Deputy Director,
-Northern California Drinking Water Field Operations
Richard Hinrichs, Chief, Northern California Section
Rami Kahlon, California Public Utilities Commission

Attachment A

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

Tests Showed Coliform Bacteria in the R.R. Lewis Small Water Company's Domestic Water System

Our water system recently violated a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what happened and what we did to correct the situation.

We routinely monitor for drinking water contaminants in the water system. During March 2014, we collected seven samples from our water system to test for the presence of coliform bacteria. Four of these samples showed the presence of coliform bacteria. During August 2014, we collected four samples from our water system to test for the presence of coliform bacteria. Two of these samples showed the presence of coliform bacteria. The standard is that no more than one sample per month may show the presence of coliform bacteria.

What Should You Do?

You do not need to boil your water or take other corrective actions. However, if you have specific health concerns, consult your doctor.

People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1 (800) 426-4791.

What Does This Mean?

This is not an emergency. If it were, you would have been notified immediately. Coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*

Usually, coliform bacteria are a signal that there may be a problem with our source of supply, storage, or distribution systems. Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or E. coli, are present. We did not find any of these bacteria in our subsequent testing, and further testing shows that this problem has been resolved.

What Happened? What Was Done?

On March 3, 2014, three routine bacteriological samples were collected from the distribution system. Two of these samples were found to show the presence of total coliform bacteria. Three repeat bacteriological samples were collected on March 4, 2014, and one of these samples was found to show the presence of total coliform bacteria. Additional samples were collected from the Wixson Spring and from the Anderson Spring on March 5, 2014, both of which were absent of total coliform bacteria. An additional sample collected from A-3 on March 13, 2014, was also absent of total coliform bacteria. The cause of the contamination was not determined.

On August 4, 2014, three routine bacteriological samples were collected from the distribution system. One of these samples was found to show the presence of total coliform bacteria. A special sample collected from the Wixson Storage Tank on that same day was also found to contain total coliform bacteria. On August 13, 2014, a repeat sample collected from the distribution system was found to contain total coliform bacteria. Since the contamination appeared to be originating from the Wixson Spring, the Company discontinued its use and began serving the entire distribution system with water from the Anderson Spring and its associated disinfection treatment system.

For more information please contact Larry Ostrom, R.R. Lewis Small Water Company, at (209) 948-8817.

Attachment B

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Division with certification is important. Failure to do so will result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

Public Water System Name R.R. Lewis Small Water Company

Public Water System No. 4600017

Public notification for the March/August 2014 bacteriological failure was performed by the following method(s):

(CHECK AND COMPLETE ONLY THOSE THAT APPLY)

_____The notice was published in the local newspaper on _____. A copy of the newspaper notice is attached.

_____The notice was mailed to users on _____. A copy of the notice is attached.

_____The notice hand delivered to water customers on _____. A copy of the notice is attached.

_____The attached notice was posted in the following conspicuous places:

_____

_____

_____

For this method, provide the date (or dates) that the notice was posted _____.

I hereby certify that the above information is factual.

_____
Printed Name

_____
Signature

_____
Date

Attachment C

Bacteriological Sample Siting Plan

Including Ground Water Rule Sampling Requirements

I. System Information

System or Facility Name:	
Public Water System #:	
Service connections:	
Population:	
Source(s):	

II. Pressure Zones

Indicate the original system source that supplies each pressure zone. If all system sources supply a pressure zone, indicate: "all sources".

Pressure Zone	Connections	Percentage of Total System	Population Served	System Source(s) that Supply the Pressure Zone

For each pressure zone indicate

Pressure Zone	Receives Water From	Supplies Water To	No of Storage Tanks & Capacity of Each (gal)

III. Routine Sampling Frequency

The water system must collect _____ routine samples at a frequency of once every _____.
(# of samples) (month or week)

Complete the attached Annual Sampling Schedule if each routine sample site is not sampled an equal number of times each month.

IV. Routine, Repeat, and Source Sampling Sites

1. Routine Distribution Sample Site ID: _____

System Source(s) Supplying This Site: _____

Pressure Zone: _____

If this routine sample (or any routine sample) contains coliform bacteria, the water system must collect a set of repeat distribution samples within 24 hours of being notified of the result **as well as a sample from each source supplying the sample site**. **The source samples must be analyzed for E. coli.**

Repeat Sample Set:

1. Repeat sample site ID: _____
   (collect one sample at the original routine sample site)
2. Repeat sample site ID: _____
   (collect one sample within five connections upstream)
3. Repeat sample site ID: _____
   (collect one sample within five connections downstream)
4. Source Sample Sites: _____
   (collect one sample from each source that has supplied Routine Sample Site No. 1 with water within the last 30 days)

---

2. Routine Distribution Sample Site ID: _____

System Source(s) Supplying This Site: _____

Pressure Zone: _____

If this routine sample (or any routine sample) contains coliform bacteria, the water system must collect a set of repeat distribution samples within 24 hours of being notified of the result **as well as a sample from each source supplying the sample site**. **The source samples must be analyzed for E. coli.**

Repeat Sample Set:

1. Repeat sample site ID: _____
   (collect one sample at the original routine sample site)
2. Repeat sample site ID: _____
   (collect one sample within five connections upstream)
3. Repeat sample site ID: _____
   (collect one sample within five connections downstream)
4. Source Sample Sites: _____
   (collect one sample from each source that has supplied Routine Sample Site No. 1 with water within the last 30 days)

---

* A routine sample site must be designated for each pressure zone or separate area served by the water system. Sampling from the routine sample sites must be rotated such that they are all sampled on a regular basis in proportion to the population served in each pressure zone. If this water system must designate more than two routine sample sites, please do so on the attached addition page. Copy and include as many pages as necessary to specify each routine site.

Check one of the following:

☐ Only one or two routine sample sites are necessary to adequately represent the system. Additional routine and repeat sample sites *are not* attached.

☐ This water system contains more than two pressure zones or service areas. Additional routine and repeat sample sites *are* attached.

V. Sampling During The Month Following A Positive Sample

Section 64424(d) of the California Code of Regulations requires if a public water system for which fewer than five routine samples per month are collected has one or more total coliform-positive samples, the water supplier shall collect at least five routine samples the following month. Include additional routine sample sites in Part IV if necessary to meet this requirement. Samples may be taken from a single site spread over the entire month, from five different sites on a single day, or any combination thereof.

VI. Raw Water Sampling

Systems which provide continuous chlorine treatment are required to take a raw water sample prior to the addition of chlorine each month. For each source, identify below which are continuously disinfected, their log inactivation requirement (if any) and which will be sampled prior to disinfection during the months they are in operation.

Source	Continuous Disinfection	Log Inactivation Requirement	Monthly Raw Water Sampling?	Raw Water Sample Site ID
Anderson Spring	Yes	No		
Wixson Spring	No	No		

VII. Map or Diagram

Attach a water system map or diagram showing the location of the water source(s), storage tanks, treatment facilities, pressure zones, and all routine, repeat, and raw water sample sites.

VIII. Personnel and Laboratory Notification

Sampler: _____

(Sample collection must be performed by a person trained in sample collection. Provide name of sampler.)

Laboratory: _____

(Provide the name and phone number of the certified lab doing your water analysis. Arrangement must be made for weekend and holiday analysis if needed.)

Notification: Laboratory to notify persons designated below within 24 hours whenever a sample is found to contain coliform bacteria:

1. _____ (Name) (Daytime Phone #) (Evening Phone #)
2. _____ (Name) (Daytime Phone #) (Evening Phone #)

IX. Notification of the Department:

The water system will notify the State Division of Drinking Water, Lassen District Office, within 24 hours whenever a sample contains fecal coliform or *E. coli* bacteria or whenever a follow-up repeat sample is positive for total coliform bacteria.

Steve Watson, Associate Engineer:	530-224-4828	(evening: 530-515-6156)
Mike McNamara, Lassen District Engineer:	530-224-4800	(evening: 530-941-1419)

Submitted by: _____ Date _____

KEEP A COPY OF THIS FORM FOR YOUR REFERENCE AND USE

When responding to a laboratory report of bacterial contamination, keep in mind the following:

- Coliform bacteria should not be present in drinking water and the presence of coliform indicates a potentially serious problem. Appropriate investigation should be performed immediately.
- Check water system components such as water sources, filtration and/or chlorination equipment and storage tanks for indications of unusual conditions or problems.
- Correct problems immediately, do not wait for results of follow-up samples to take action.
- If a **source sample** result is E. coli positive, the system must notify the Division within 24 hours of being notified of the E. coli positive source sample result

Additional Routine Samples (if needed)

3. Routine Distribution Sample Site ID: _____

System Source(s) Supplying This Site: _____

Pressure Zone: _____

Repeat Sample Set:

1. Repeat sample site ID: _____
   (collect one sample at the original routine sample site)
2. Repeat sample site ID: _____
   (collect one sample within five connections upstream)
3. Repeat sample site ID: _____
   (collect one sample within five connections downstream)
4. Source Sample Sites: _____
   (collect one sample from each source that has supplied Routine Sample Site No. 1 with water within the last 30 days)

4. Routine Distribution Sample Site ID: _____

System Source(s) Supplying This Site: _____

Pressure Zone: _____

Repeat Sample Set:

1. Repeat sample site ID: _____
   (collect one sample at the original routine sample site)
2. Repeat sample site ID: _____
   (collect one sample within five connections upstream)
3. Repeat sample site ID: _____
   (collect one sample within five connections downstream)
4. Source Sample Sites: _____
   (collect one sample from each source that has supplied Routine Sample Site No. 1 with water within the last 30 days)

5. Routine Distribution Sample Site ID: _____

System Source(s) Supplying This Site: _____

Pressure Zone: _____

Repeat Sample Set:

1. Repeat sample site ID: _____
   (collect one sample at the original routine sample site)
2. Repeat sample site ID: _____
   (collect one sample within five connections upstream)
3. Repeat sample site ID: _____
   (collect one sample within five connections downstream)
4. Source Sample Sites: _____
   (collect one sample from each source that has supplied Routine Sample Site No. 1 with water within the last 30 days)

Annual Sampling Schedule

List all routine sample sites and indicate the number of times each site will be sampled in each month.

		Month					
Pressure Zone	Sample Site ID	January	February	March	April	May	June

		Month					
Pressure Zone	Sample Site ID	July	August	September	October	November	December

BACTERIOLOGICAL SAMPLE SITING PLAN INSTRUCTIONS

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

The following gives specific instructions to aid water purveyors in completing a Bacteriological Sample Siting Plan form. It also outlines the minimum requirements that should be included in any bacteriological sample siting plan submitted to the Division of Drinking Water, Lassen District, for review and approval. If you have additional questions about preparing an acceptable siting plan, please call the Lassen District Office in Redding, at (530) 224-4800.

I. System Information

Complete this section by entering:

- the legal name of the water system,
- the state issued 7-digit public water system number,
- the current number of active service connections,
- the year-round population served,
- the active and standby sources of water.

II. Pressure Zones

Complete both tables by:

- Identifying each pressure zone,
- the number of connections served in that pressure zone,
- the percentage of total connections in that zone,
- the estimated population served in that zone,
- the water sources that can serve that pressure zone.

For each pressure zone indicate:

- the source or zone that the indicated zone receives water from,
- the zones the indicated zone supplies water to,
- note the storage tanks which serve each particular zone; indicating their storage capacities.

III. Routine Sampling Frequency

- Indicate the number of routine samples collected along with the frequency at which they are collected.
- If each routine sample location is not sampled each month or week, use the attached Annual Sampling Schedule to identify which routine sample sites are collected during each month of the year, indicating the number of times that particular site will be sampled during that month.

IV. Routine, Repeat, and Source Sampling Sites

- Identify the Sample Site ID for each routine sample site.
    - This ID should exactly match the ID located on your system map.
    - Samples collected by you or your state certified laboratory must be labeled exactly as described in this plan.
    - Each sample must be properly identified as either a routine, repeat, special, or raw water sample.
- Identify all sources that can possibly serve the routine sample site.
- Identify the pressure zone in which the routine sample site is located.
- Identify three repeat sample site locations: the original routine location, a location within 5 service connection upstream, and a location within 5 service connections downstream.

- Identify the source water sample site ID for all sources to be monitored in the event of a routine positive sample.
    - Any source used within 30 days of the particular positive routine sample must be sampled, prior to any treatment.
    - The source sample site must be clearly identified on the system map and labeled exactly as described in this plan.
- Additional pages are included and can be copied to identify all routine and repeat sample locations.

General Note: When selecting a sampling tap, it is important to ensure that the tap is located in a clean environment. Consider protection from contamination by humans, animals, airborne material or other sources. Use outside faucets that are clean, have been in frequent use, are at least 18-inches above the ground and discharge downward. Do not sample from a hose.

VI. Raw Water Sampling

Identify each active and standby source and indicate:

- whether the source in continuously disinfected,
- the log inactivation requirement if required in your operating permit,
- whether the source will be sampled each month,
- the raw water sample site ID depicted on your system map, which will be used on all bacteriological samples collected for this source.
- Raw water sample locations must be as close to the source as possible and upstream of any storage or treatment facilities.

VII. Map or Diagram

The system map can be a one page engineering drawing of the distribution system and water system facilities or it can be a street map or system schematic.

The system map must clearly identify/locate the following:

- All sources of water supply
- All treatment facilities
- All storage facilities
- Dead ends
- All pressure zones in the distribution system
- All booster stations
- All pressure reducing stations other than individual house service PR valves
- ALL SAMPLE POINTS, matching the IDs given in your plan and distinguishing between routine, repeat, raw, and special sampling locations

VIII. Personnel and Laboratory Notification

- Provide the name of the water system employee who collects the samples.
- If samples are collected by your state certified laboratory, indicate so.
- Provide the name and telephone number of your state certified laboratory
- Provide the names and phone numbers of water system personnel to be contacted by the laboratory in the event that a sample if found to contain total coliform bacteria.

FINAL REQUIREMENT

The bacteriological sample siting plan must be signed and dated by water system personnel.